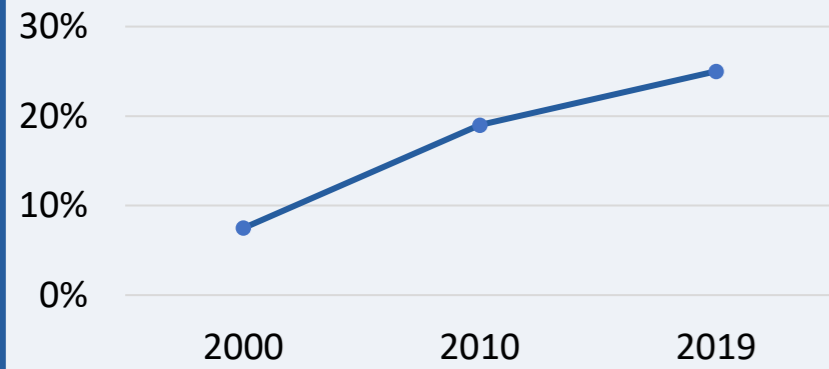


# Addressing the Growing Population of Federally Incarcerated Seniors in Canada

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The Rise in the % of Seniors in Federal Prisons<sup>1,2,3,4</sup>



## Demographic Trends

- Adults over 50 are the fastest-growing portion of Canada's population.<sup>2</sup>
- "Accumulation of 'lifers' creates a stacking effect over time."<sup>1</sup>
- The percentage of offenders facing their first federal sentence after age 50 has increased substantially.<sup>1</sup>



## Accelerated Aging

Relevant literature often identifies "older inmates" as being age 50 and over, as **incarcerated individuals tend to experience health problems of someone 10 to 15 years older than their calendar age.**<sup>6</sup>

Incarcerated individuals experience DNA changes associated with aging at a more rampant pace than the general population. They are thus more susceptible to age-related diseases earlier in their lives.<sup>7,8,9</sup>

The life expectancy of a federal inmate is, on average, **20 years shorter** than that of the average Canadian.<sup>8</sup>

## Governing Legislation

Correctional Services Canada (CSC) governs the operations of each of the 43 federal correctional institutions across Canada.<sup>16</sup>

The *Corrections and Conditional Release Act (CCRA)* provides the legislative framework governing the operations of the CSC. The *CCRA* regulates federal inmates' living conditions, health care entitlements, and overall well-being. Commissioner's Directives provide additional rules to promote "reasonable, safe, secure and humane control."<sup>13,14,15</sup>

## Age-Related Challenges Behind Bars

### Inadequate Health Care & Support Services

- Delay in assessment & treatment<sup>2</sup>
- No 24/7 care<sup>12</sup>
- Staff shortages<sup>2</sup>
- Improper post-procedure care<sup>12</sup>

### Inadequate Mental Health Care & Support Services

- Delay in assessment & treatment<sup>2</sup>
- Staff shortages<sup>2</sup>
- Lack of specialized psychiatric care units<sup>17</sup>
- Lack of mental health & dementia-care training<sup>1</sup>

### Access to Medical Supplies & Medication

- Limited treatment for chronic pain<sup>1</sup>
- Lack of funding for "non-essential" medications<sup>11</sup>
- Denied medications due to histories of addiction<sup>2</sup>
- Over-prescribing of psychotropic drugs<sup>18</sup>

### Inaccessible Infrastructure

- Excessive walking distances<sup>1</sup>
- Double bunking<sup>1</sup>
- Tall kitchen counters<sup>1</sup>
- Lack of wheelchair-accessible cells & washrooms<sup>1</sup>

### Safety Concerns

- Ostracized and victimized by younger peers<sup>12</sup>
- Stereotypes about older inmates being pedophiles<sup>12</sup>
- Strong-armed in canteen, medications, meals, or fitness equipment lineups<sup>12</sup>

### Social Isolation

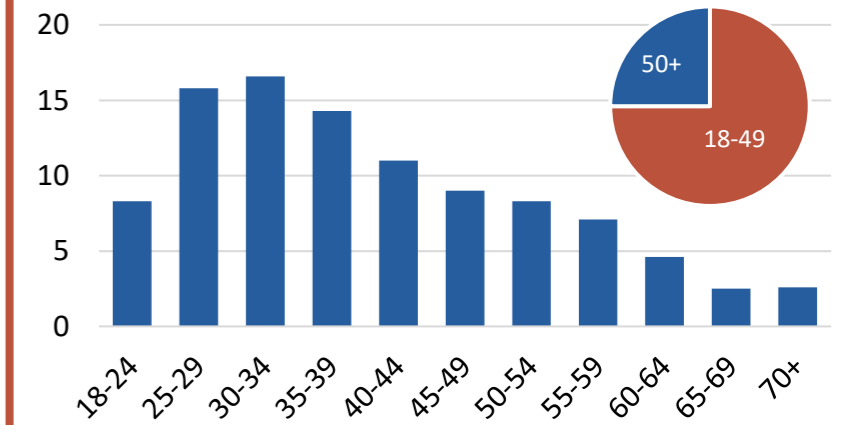
- Difficulties participating in employment opportunities and other available activities<sup>1</sup>
- Loss of contact with family and friends<sup>1,19</sup>
- Security policies restrict the ability for family visitation<sup>12</sup>

### Inadequate End-of-life Care

- Lack of 24-hour nursing care<sup>1</sup>
- Lack of palliative care training<sup>12</sup>
- Lack of appropriate pain medication<sup>9</sup>
- Security policies that restrict family visitation<sup>12</sup>

Even when implemented correctly, many of the mandatory requirements and directives are insufficient to meet the unique needs of this group. Prisons are ill-equipped to carry out the functions of nursing homes. As a result, the safety, dignity, and rights of those requiring such services are in jeopardy.<sup>1</sup>

Age Distribution of Federal Inmates<sup>5</sup>



## Rights of Incarcerated Seniors

### Improving Prison Conditions

#### Proper Staffing and Training

- Establish and implement recruitment and retention strategies to meet essential healthcare needs.<sup>1,20</sup>
- Mandate age-based training for all CSC staff.<sup>20</sup>

#### Peer support services

- Implement formal peer assistance and support programs throughout its facilities.<sup>1,10</sup>

#### Medication

- Revise the national drug formulary to allow physicians the autonomy to prescribe medications they see fit on a case-by-case basis.<sup>1,11</sup>
- The CSC drug formulary should be expanded to include more over-the-counter drug options.<sup>1,11</sup>

#### Housing and hospice

- Develop specialized units with extensive accessibility features apart from younger inmates.<sup>1</sup>
- Develop hospice units to provide appropriate end-of-life care to aging and ill prisoners.<sup>1</sup>

#### Accessibility

- Update the inaccessible and outdated infrastructure.<sup>1</sup>

#### Wages and allowance

- Increase inmate wages to adjust for price inflation.<sup>1</sup>
- Provided age-appropriate employment opportunities for older inmates.<sup>1</sup>
- Increase living allowances for those who are unable to work.

### Release Mechanisms for Older Inmates

#### Improving the "Parole by Exception" Process for Terminally Ill Inmates

- Amend "parole by exception" legislation to ensure proper regulation and clarity and to remove excessive restrictions.<sup>1</sup>
- A parole board should consider only age, health and risk status when assessing parole by exception applications.<sup>1</sup>

#### Creating Specialized Criteria for Elderly Parole

- Create policies to allow for elderly parole. Allow older inmates to reintegrate into the community prior to them falling terminally ill.<sup>1</sup>
- Develop policies allowing older inmates to apply for early parole based on specific criteria such as age, health status, and time spent in prison.<sup>1</sup>
- Implement policies reflective of California's elderly parole program, creating a release mechanism for older inmates prior to them becoming terminally ill and requiring palliative care.<sup>21</sup>

#### Partner with Community Organizations

- Reallocate funds and invest in community-based facilities such as halfway houses, long-term care facilities and hospices designed for recently released older inmates.<sup>1</sup>

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